

Buchanan Ingersoll & Rooney PC
Attorneys & Government Relations Professionals

Suite 500
1737 King Street
Alexandria, Virginia 22314-2727
Telephone: +1.703.836.6620
Group 3 Fax: +1.703.836.2021
Group 4 Fax: +1.703.836.0028
www.buchananingersoll.com

Facsimile Cover Sheet

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE

Date: June 21, 2007

TO: Examiner C. Nwaonicha

Fax Number: 571 273 2908

Group 1621

Telephone: 571 272 2908

Your Reference: SN10/551,032

TO: USPTO FAX FILING

Fax Number: 571 273 8300

Telephone:

Your Reference: SN10/551,032

FROM: Brian P. O'Shaughnessy

Telephone: 703 838 6659

Our Reference: 1033528-000025

Sent By: Sally Dankers

Number of Pages 16
(including cover sheet)

Message

IF YOU DO NOT RECEIVE THE DESIGNATED NUMBER OF PAGES, OR IF YOU EXPERIENCE ANY PROBLEM WITH THE TRANSMISSION OF THIS DOCUMENT, PLEASE CALL OUR FAX OPERATOR AT 703.836.6620

Amendment/Reply Transmittal Letter
 Application No. 10/551,032
 Attorney's Docket No. 1033528-000025
 Page 2

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	28	25	3	x \$ 50 (1202)	\$ 150
Independent Claims	6	6	0	x \$ 200 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$ 0
Total Claim Amendment Fee					\$ 150
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 150

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge 150.00 to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date June 20, 2007

By:


 Brian P. O'Shaughnessy
 Registration No. 32747

P.O. Box 1404
 Alexandria, VA 22313-1404
 703 836 6620